

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	✓						51			
2							52			
3							53			
4							54			
5							55			
6		5					56			
7		3					57			
8		1					58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17		30					67			
18							68			
19	1						69			
20		1					70			
21		1					71			
22		2					72			
23		1					73			
24		1					74			
25		1					75			
26		3					76			
27							77			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2									
TOTAL DEP.	103									
TOTAL CLAIMS	41									

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